SCHS STUDIES

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Death Among North Carolina's Children and Youth

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Of all human events, probably none is more disturbing than the death of a child. Thus, it is the intention of the Division of Health Services to monitor and report those events at regular intervals in the hope that increased awareness will result in appropriate intervention. A special focus of the present report is poor children, specifically, those whose families receive AFDC—Aid to Families with Dependent Children.

For the period 1974-78, a previous report (1) examined leading causes of death and specific types of accidental death among age groups under 20. Except for infants under 1 year of age, accidents were the leading cause of death in each age group with motor vehicle fatalities, drownings, and death by fire leading the list of specific types. Nonwhite and male youths were particularly prone to accidental death, and for leading categories of accidents, the state's fatality rates were found to be substantially higher than the nation's.

For age groups under 20 and for all ages 1-19, Table 1 provides numbers and rates for leading causes of death during 1979-82 with percent changes since 1974-78. In general, the percent changes are not biased by cause-of-death classification changes (see footnotes 4 and 9 of the table).

By and large, the data of Table 1 are encouraging, particularly at ages below 15. While corresponding U.S. data are not available beyond data year 1978, the downturns depicted in Table 1 suggest that N.C. rates may be approaching the lower national rates, particularly in the case of motor vehicle fatalities among younger children and congenital anomalies at ages greater than one. For all ages under 20, the death rate for pneumonia and influenza has also dropped substantially, by about 50 percent between 1974-78 and 1979-82. Unfortunately, the state's infant homicide rate more than doubled and the suicide and heart disease rates at ages 15-19 each increased by about one-fifth between the two time periods studied. Just between 1981 and 1982, the number of suicides per 1,000 residents rose 30 percent, from 8.7 (48 deaths) to 11.3 (60 deaths). White males accounted for a preponderance of the increase and constituted 71 percent of the state's teenage suicides in 1982.

Between 1981 and 1982, the state's infant mortality rate also rose, for the first time since 1978. The 4 percent increase, to 13.7 deaths per 1,000 live births, was due largely to an increase in the nonwhite neonatal death rate which itself rose 15 percent. Based on a study currently in progress, the increase largely involved nonwhite mothers who would **not** be considered at high risk on the basis of their age, education, parity, or previous pregnancy outcomes.

In addition to the leading-cause categories of Table 1, trends in cystic fibrosis (CF) and leukemia mortality have been examined. Between 1974-78 and 1979-82, the CF death rate for residents under age 20 dropped 44 percent while the leukemia death rate for those ages dropped 16 percent. A previous study of leukemia mortality (2) revealed notable reductions in the lymphoid rate among younger children (0-9) and the myeloid rate among older youth (10-19).